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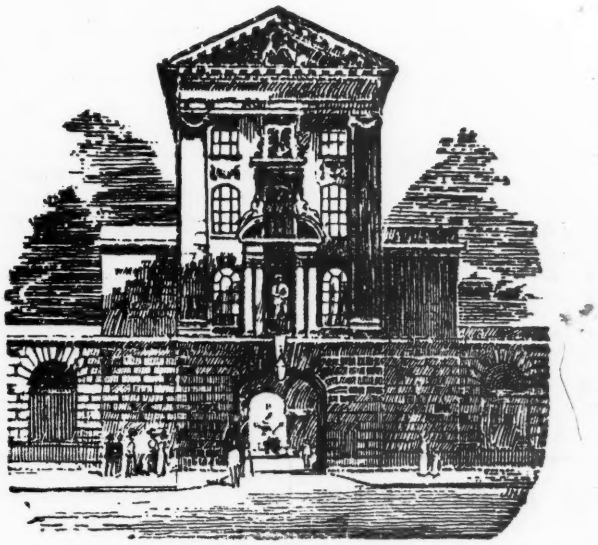
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXV.—NO. 7. APRIL, 1928. [PRICE NINEPENCE.

CONTENTS.

	PAGE
Calendar	97
Editorial Notes	97
Sir Bernard Spilsbury. Mr. Punch's Personalities	98
Obituary	100
The Beginnings of Bacteriology at Bart.'s. By Sir Frederick Andrewes, F.R.S.	100
A Bed for Fractures and General Hospital Purposes. By Maurice G. Pearson, M.B., B.Sc.(Lond.), F.R.C.S.(Eng.)	104
Straight from the Stable	106
Annotation: Child Born with a Double Cephalhæmatoma	106
The A.B.C. of Vitamines. By William Holloway, B.A.(Oxon.)	106
Verses on the Resignation of Mr. Pott	107
Students' Union: Rugby Football Club	107
Hockey Club	108
Correspondence	109
Reviews	110
Acknowledgments	111
Announcements	111
Time-Table	112
Examinations	112
Changes of Address	112
Appointments	112
Births	112
Marriages	112
Death	112
Index to Advertisements	ii

INDEX TO ADVERTISEMENTS.

		PAGE
Allen & Hanburys Ltd.	Ophthalmoscope	vi
Alliance Drug and Chemical Co.		vi
Books—		
Adlard & Son, Limited	The Fundus Oculi	iii
	The Puerperium	iii
Baillière, Tindall & Cox.	Books for Students and Practitioners	iv
Lewis, H. K., & Co. Ltd.	Medical and Scientific Circulating Library	v
Boots Pure Drug Co. Ltd.	Liver Extract	xiii
Cadbury Bros.	Bournville Cocoa	ix
Cholmeley, M. A.	Private Mental Hospital	ii
Clinical Research Dept. of St. Bartholomew's Hospital		xvi
Down Bros.	Specialities	xiv
Evans & Witt	Booksellers, Stationers, etc.	ii
Fellows	Compound Syrup of Hypophosphites	xvi
Gas Light & Coke Co. Ltd.		xii
Hall & Sons, Ltd.	"Ideal" Boots and Shoes	vii
Lewin & Co.	Sports Outfitters	ii
Maw, Son & Sons, Ltd.	Surgical Catgut	v
Medical Sickness, Annuity and Life Assurance Society, Ltd.		vii
Millikin & Lawley	Microscopes, Instruments, etc.	xiii
Paripan, Ltd.		xv
Parke, Davis & Co.	Alophen Pill	viii
Pedestros Limited	Artificial Limbs	xv
Prudential Assurance Co. Ltd.		xiv
Ronuk		xiii
St. Bartholomew's Hospital Medical College	Fellowship Classes; Entrance Scholarships	x
Ditto	Preliminary Scientific Department	x
Ditto	Scholarships; Bacteriology, etc.; D.P.H.	xi
St. Bartholomew's Trained Nurses' Institution		ii
Virol		viii
Willans, G. J.	Transfer of Practices, etc.	iii

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St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXXV.—No. 7.] APRIL 1ST, 1928. PRICE NINEPENCE.

CALENDAR.

Tues., April	3.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Fri,	6.	—Good Friday. Sir Percival Hartley and Mr. L. B. Rawling on duty. Out-Patient Department open for emergencies.
Sun.,	8.	—Easter Day.
Mon,	9.	—**Bank Holiday.**
Tues.,	10.	—Out-Patient Department reopens as usual. Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Fri.,	13.	—Dr. Langdon Brown and Mr. Harold Wilson on duty.
Tues.,	17.	—Prof. Fraser and Prof. Gask on duty.
Wed.,	18.	—**Last day for receiving matter for the May issue of the Journal.**
Fri.,	20.	—**Summer Session begins.** Dr. Morley Fletcher and Sir Holburt Waring on duty.
Tues.,	24.	—Sir Percival Hartley and Mr. L. B. Rawling on duty.
Fri.,	27.	—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Mon.,	30.	—Special Subject Lecture by Mr. Harmer.

EDITORIAL.

SHAKE, Editorial Pen, with whatever is left you of romantic fervour in this age of materials and disillusion; scatter blots of joyous ink upon the editorial trousers; surge forward in unwieldy sentences to that welter of passionate phrases in which the shaky words "The Rugger Cup" are the only distinguishable entities; till you fall from our nerveless fingers, inkless, broken . . .

Four times we have won this Cup, and the names of T. C. Gibson, Charles O'Brien Harding, G. W. C. Parker and R. N. Williams will be tossed about by the toothless mouths of our descendants before ever they have learnt to lisp the rest of the alphabet; and even though we make it five next year, the close excitement of this season's games will not be diminished, nor the members of this team forgotten.

The following telegram (marked "urgent") from His Royal Highness shows his interest in the doings of the Hospital, as well as the national importance of the occasion:

"*The Captain, Rugby Football Team, St. Bartholomew's Hospital.*

"My heartiest congratulations to you all on your victory in Hospitals Cup yesterday.

"EDWARD P., President.

"Buckingham Palace."

* * *

Anyone who is unfortunate enough to have to pass through the Surgery on Monday mornings between the hours of 9 a.m. and 1 p.m. will have noticed that humanity is more than adequately represented, and that the familiar phrase "Standing room only" is a euphemism. On Monday, March 19th, a "record" was reached, 1077 out-patients being treated up to 4 p.m. The provision of Junior Casualty Officers appears to have resulted in enabling patients to be so well and comfortably treated that the temptation to give their panel doctors the slip has become irresistible. It is now no longer fashionable in Hoxton to remain on the panel. Panel doctors are not allowed to furnish any but panel prescriptions at a minimum price; why not, therefore, step round to the Hospital and obtain not only hst. gent. cum rheo, but even an elaborate and special prescription all to oneself? Why not? But this might constitute a quite appreciable addition to the Hospital expenditure, that it may become necessary for us to restrict ourselves more and more to stock prescriptions in the average case, and to cut out more and more the latest physical and chemical investigations in diagnosis. We have known more than one doctor who has been justifiably furious at a patient sneaking up to Hospital behind his back.

Our correspondence columns are open to any Old Bartholomew's men who would care to discuss this matter.

SIR BERNARD SPILSBURY.

When arsenic has closed your eyes,
This certain hope your corpse may rest in:—
Sir B. will kindly analyse
The contents of your large intestine.

MR. PUNCH'S PERSONALITIES.—LXIV.

By kind permission of the Proprietors of 'Punch.'

We have been very late in announcing our regret over the retirement of Dr. Adamson from the charge of the Skin Department, which took effect on December 31st last. Dr. Adamson, besides being a dermatologist whose name is known all over the world, has been in charge of the Skin Department for about twenty years, the Department as we know it being entirely of his making, since he was the first physician appointed solely for Diseases of the Skin at St. Bartholomew's. Previously the Department had been run as a side-show by one of the Assistant Physicians or Surgeons. Everyone will agree that the Department, which will now come under the control of Dr. A. C. Roxburgh, is one of the most efficiently run of the Hospital. Anyone who has looked through a text-book on skin diseases will have seen Dr. Adamson's name under a number of headings. Perhaps he is chiefly known for his modification of Kienboch's method of X-raying the scalp for ringworm (published in 1909), which is almost universally used now.

* * *

We reprint the following extract from the *City Press* of Saturday, March 10th:

"Death under Anæsthetics.

"*Dr. Waldo's Comments.*

"In the year 1927 Dr. Waldo, J.P., held 20 enquiries concerning deaths caused or accelerated by the administration of anæsthetics for surgical operations. Ether was given in 15 cases, chloroform in 3, a mixture of chloroform and ether in 1, and gas and oxygen in 1. Death was caused in the remaining case by an accidental overdose of carbon dioxide gas. It is, Dr. Waldo says, of vital importance that the ether used should be pure. His view is that all ether should be analysed chemically, certified as pure, and kept from the light before being allowed to be used for operations."

Dr. Waldo made the above-quoted remarks at an inquest on the death of a child, aged 4, at an operation for mastoiditis following upon internal ear disease. The anæsthetic given was for induction ethyl chloride followed by ether and oxygen. Dr. Waldo said he did not think all medical practitioners fully appreciated the need of keeping ether protected from the light to prevent the formation of deleterious chemical substances apt to produce bad symptoms—or even death. He (Coroner) was of opinion that research work, suggested by him for many years past, was more urgently needed now than ever, to supplement the inquiry carried out in the Coroner's Court. This might usefully be brought about by the appointment of a small standing scientific committee, or Commission, nominated by the Home Office and paid by the Treasury.

Sir Bernard Spilsbury, who made the necropsy, agreed with the suggestions made by the Coroner.

* * *

The Hospital Musical Society is getting on to its feet again, and quite a wealth of talent appears to be available this year. In view of a possible public performance in May, anyone who is proficient on any instrument is asked to communicate with the Secretary, M. R. Orr.

* * *

Professor Le Gros Clark has been admitted Doctor of Science in London University by Thesis; an honour seldom achieved by anatomists. We are all the more pleased at his success because he has always regretted being deprived of his University degree by the war.

* * *

At the Conference on Rheumatic Diseases to be held at Bath on Thursday and Friday, May 10th and 11th, 1928, this Hospital is taking a prominent part. Thus Sir Humphry Rolleston is Chairman of the Second Session ("Causation"), and Sir James Berry is among the Vice-Presidents. Dr. Langdon Brown will speak on "Endocrine Factor in Polyarthritis," Mr. Timbrell Fisher on "Pathology of Infective Arthritis," and Dr. Geoffrey Hadfield on "Pathology of Tissue Reaction in Rheumatic Disorders."

* * *

We have received from the Medical Department of the Admiralty an account of the opportunities available to the younger medical men in the matter of joining the Royal Naval Medical Service. The account begins on the lines of Rear-Admiral Gaskell's recent address to us, namely, a description of the sort of fellow the Service wants and the type to whom the life would appeal. Certain further details are worthy of comment. The Admiralty allow an ante-date of one year to those Naval Surgeons who before entry held a resident appointment for one year at certain large hospitals.

Opportunities are given to medical officers to take post-graduate courses for the higher examinations. Every officer shall have a course of instruction of not less than four months' duration every four years. The number of specialists allowed is now 60 instead of 40. The establishment of Surgeon-Captains has been increased from 16 to 20.

In addition, the opportunities for sport of all sorts

are stressed, and it is noted that a small amount of private means goes much further in the Navy than in civil life. The notice concludes with the rather tempting table of full-pay and pensions which has appeared on our Notice-board.

OBITUARY.

THE death of Dr. John Raglan Thomas at Exeter on February 28th, in his seventy-third year, brought to a close a strenuous life, crowded with many and varied interests. Dr. Thomas was educated at Epsom College, where he was Gilchrist Scholar, and at St. Bartholomew's Hospital. He became a M.R.C.S., L.R.C.P. in 1876, L.S.A. 1877, M.B.Lond., with honours in Midwifery and Diseases of Women, 1884, and M.D.Lond., in 1887. In 1886 he obtained the D.P.H. of Cambridge. On the death of his father, Dr. Benjamin Thomas, in 1877, Dr. Thomas was called upon to take charge of a very large practice at Llanelly, obtaining a high reputation in South Wales as an operator, especially in ophthalmic practice, but he over-taxed his strength, and ten years later was forced to relinquish this sphere and take a rest for a year, most of which he spent in India. He then settled in Exeter in partnership with the late Mr. A. J. Cumming. He became a referee under the Workmen's Compensation Act, Certifying Factory Surgeon, Admiralty Surgeon, and Medical Officer to the University College of the South-West. He maintained a keen interest throughout in professional pursuits, and was the first to note the presence of zinc in drinking-water, and the first, in this country at any rate, to observe congenital hypertrophy of the pylorus. For many years Dr. Thomas was connected with the volunteer movement, and retired in 1912 with the rank of Colonel A.M.S. For his conspicuous services in organizing the medical arrangements of the Wessex Division of the Territorial Force he was appointed K.H.P. Throughout his life Dr. Thomas was devoted to outdoor sport. He was a noted marksman, and took part in numerous contests at Wimbledon, Bisley and elsewhere. He was a member of the team that won the China Cup for Devon in 1895. He was a good golfer, and played regularly until laid aside by his last illness. He had a love for good literature, especially poetry and for art. He made many water-colour studies of land and seascape, especially of the coast adjacent to Exeter—parts that he knew and loved so well. The loss of his virile and lovable personality will be felt by a very large circle.

THE BEGINNINGS OF BACTERIOLOGY AT BART.'S.

(Being part of an Address to the Abernethian Society by Sir Frederick Andrewes, F.R.S.)

THERE are some discoveries which so completely transform one's outlook that it is difficult to recapture the mental attitude which preceded them. You have all been brought up in a bacteriological atmosphere; all your conceptions of medicine, surgery and obstetrics are saturated with bacteriological ideas. It is probably useless for you to attempt to imagine how people thought and felt about such subjects before the germ theory of disease gained acceptance, and although I was born and brought up in those early days, I have been a bacteriologist for so long that it is almost as difficult for me to do so as for you.

Yet, as a preliminary to my subject, I must ask you to try, with me, to project yourselves backwards for some forty-five years. It so happens that my active life at Bart.'s has coincided very closely with the rise and development of bacteriology in its practical applications. If I tell you that I joined the Hospital as a student in the very year in which Koch announced his discovery of the tubercle bacillus, you will realize that I go back a good way, though by no means to the actual beginnings of bacteriology.

It will perhaps be helpful if you will allow me to give you a few dates, so that you may see whereabouts bacteriology stood in 1882. You know that the first beginnings of this new science date from about the middle of last century, starting from the stimulus of Pasteur's researches on fermentation and spontaneous generation. If I put it that bacteriology was born at about the same time as I was, you must understand that I am merely using myself as a peg to hang dates on so that you may get them in better perspective. If one had to name one man as the spiritual founder of bacteriology, it must be Pasteur. Yet it was not to Pasteur that the general acceptance of the germ theory of disease was due. It was the work of Robert Koch, whose patient genius developed the use of solid culture media and gave the certainty that one was dealing with really pure cultures, that finally carried conviction to men's minds between 1875 and 1881.

My medical education began, then, as you can imagine, in times which would have been bacteriologically thrilling if one had had the sense to understand the importance of the new science which was being born. But as a matter of fact, nobody seemed at all excited about it; one heard the matter discussed, but I think there was as much hostility as enthusiasm.

Perhaps surgery affords the best touchstone for determining one's mental attitude.

Let me remind you of a few facts and dates about the birth of modern surgery. The whole world reveres Lister as the man whose labours revolutionized the art of surgery. Lister was appointed Regius Professor of Surgery of Glasgow in the year in which I was born. He was at that time pondering deeply over the dreadful mortality from wounds in hospitals, and he was convinced that pyæmia and hospital gangrene, which at that time carried off enormous numbers of patients, were due to putrefactive changes in the wounds, but he believed that putrefaction was caused by the oxygen in the air. It was not till 1865 that his study of Pasteur's work on fermentation led him to surmise that micro-organisms might be the cause of the wound changes too, and it was in March, 1865, just 63 years ago, that Lister laid the first stone in the edifice of modern surgery by treating a compound fracture with carbolic acid.

You will note that Lister's system was definitely *antiseptic* rather than *aseptic*, and the reason is not far to seek. Nowadays we are well acquainted with the individual species of bacteria which are dangerous in surgery. This was not so then; all that Lister could surmise was that the stinking and putrefactive changes in wounds, the gangrene, the erysipelas and pyæmia were due to bacteria as a class. It was known that meat exposed to the air underwent putrefaction, and the air was similarly thought to be a principal source of wound infection. It followed that war must be waged against all bacteria, especially those in the air, and the only available way was by means of antiseptics. Until the specific microbes which caused dangerous wound infections were identified, and until their distribution and nature was ascertained, nothing more was possible. It was not until two years after I had entered the Hospital that Rosenbach first described staphylococci and streptococci, which are the implicit background of all your surgery, and it was many years before surgeons slowly came to realize that the human body itself was the source of its own most dangerous wound infections. Antiseptics were finally seen to be an evil, and the way to our present system of *aseptic* surgery was made plain.

Two years after Lister had treated the first case with carbolic acid he was able to claim that his wards were practically purged of pyæmia and hospital gangrene. The brilliant success of his methods attracted more attention on the continent than in London, and when, in 1875, the British Medical Association met in Edinburgh, Lister was able to relate to the Surgical Section what he had seen in a recent journey abroad—success obtained by his methods in a number of foreign clinics equal to that which he had himself achieved.

What, then, of St. Bartholomew's Hospital in 1882?—or perhaps I ought to say in 1884, for that was when I first entered the wards as surgical dresser to Mr. Langton. Lister had been teaching for fifteen or twenty years, and I don't think it is an exaggeration to say that so far as a good deal of the surgical teaching at Bart.'s was concerned he might never have lived. Savory, the senior surgeon, was openly hostile to Lister's ideas. He was a great man, and his opinions naturally carried weight. But Tom Smith and Alfred Willett were both willing to try Listerian methods. Tom Smith had even sent his house surgeon up to Edinburgh in 1876 to learn what Lister had to teach.

When a man came on as a dresser he had to buy a pocket dressing-case containing the usual knives and scissors, forceps and probes. Now I am sure we were never taught to sterilize these things; for one thing the knives had ivory handles or tortoiseshell and couldn't be boiled. We kept them clean, of course, so that they looked bright and shiny—but merely for cosmetic reasons. It was not for some years after this that a fish-kettle of boiling water was kept in the Surgery so that one could sterilize instruments before use. For use in the wards each surgeon had a brass-bound wooden box fitted with a tray and containing the weapons he was likely to want, but I cannot recollect that these were sterilized or for the most part sterilizable. Even in the Operating Theatre some surgeons—certainly the older ones—used their instruments straight out of the cupboard without any attempt at sterilization. The one outstanding exception was Alfred Willett, who really tried, though in a very ineffectual way, to employ antiseptic methods. I have been told that this was true of Lister himself. Sir Anthony Bowlby tells me that he saw him operating in Edinburgh in a dirty old gown.

And since there was as yet no suspicion that the normal human body was a source of potential wound infection, you can well believe that the surgeon made no attempt to render himself sterile. I believe he washed his hands before operating, but in what we should now think a perfunctory manner. The most shocking recollection I have of the operating theatre is that of the coats in which the surgeons operated. You may have heard of these coats: I saw them in actual use. There was a cupboard in the Theatre in which hung old frock-coats, each on its special peg. I remember in particular Sir William Savory's, stiff with the blood and pus of countless patients. I can see old Sister Abernethy helping him into it and then handing him some dirty black calico sleeves, which were endued not, mind

you, for the protection of the patient, but to keep the surgeon's shirt-cuffs from being soiled.

Now you will wonder what were the results of what will seem to you such surgical frightfulness. Well, they were not nearly so bad as you might have expected. Whatever may have been the case in provincial hospitals in the middle of last century, I never saw any widespread sepsis at Bart.'s. The patients didn't die wholesale of hospital gangrene and pyæmia—in fact I never remember to have seen a case of hospital gangrene. Suppuration there was, it is true, in a very large proportion of cases, and an occasional calamity in the way of pyæmia which ought never to have occurred. It is interesting to consider why the results of operative surgery were not worse. In the first place the Hospital was decently clean and the general hygiene of the place was fairly good. There was no overcrowding and there was plenty of fresh air. Secondly, the operative technique was admirable. Perhaps I am not the best judge, but I have an impression that the surgeons then knew better how to use a knife, knew exactly what to do, and did it cleanly and quickly in a way for which there is less necessity now. I think this cleanness and rapidity helped to minimize the amount of infection. But the most potent factor of all was that the surgeons in those days knew their limitations—knew by experience what they could do and what they couldn't. You never saw Savory inside the peritoneum, and it was some years after this period that the younger surgeons began to undertake ovariotomies with any confidence. And for a final reason why worse things did not befall the patients, I must add that even in the early 'eighties the nursing was good. At the same time I am bound to confess that the chief impression left upon my mind now by what I saw of surgery then, is that the human body possesses wonderful powers of defence against microbes if you give it even half a chance.

Let me now rapidly trace what I can remember of the steps by which our modern surgery has arisen. But you must please bear in mind that I was not a surgeon, and when once I was qualified I only dropped occasionally and accidentally into the operating theatres. My memories are a series of tableaux rather than a continuous whole.

In spite of the jeers of the more reactionary elders, notably Savory, Lister's methods came gradually to make headway amongst the younger men. Willett, as I have said, was always open to new ideas, and was by far the most earnest of the senior surgeons in attempting Listerian methods. Presently other surgeons, such as Langton, began to pay at least lip-service to antisepsis, but it was one thing to desire a thing and another to be able to carry it out. With the best intentions these elder men, born in sin, were quite unable to control their reflexes. I have seen Langton, when in the middle of an operation he required two hands, put his scalpel between his lips; I have seen him during an operation in preparation for which he had scrupulously cleansed his hands, pass them absent-mindedly through his hair; he would take a trocar and cannula out of his waistcoat pocket and plunge it straight into a hydrocele; and all this without any suspicion that he was not acting as a good Listerian. The result was that the men who were doing their best to improve their methods got much the same results as those who went on in the old way—thus giving occasion to the enemy to blaspheme.

It was, in fact, only the younger surgeons who were capable of adopting really modern methods and gradually acquiring the necessary instincts. I believe that Mr. Bruce Clarke was the first man to discard the septic frock-coat and operate in his shirt-sleeves. Next came a linen jacket. Both Bruce Clarke and Walsham used the carbolic spray, as Tom Smith and Willett had before them, but that phase didn't last very long. Harrison Cripps did a great work up in Martha when he was appointed to do the ovariotomies; he was certainly the first successful abdominal surgeon at this Hospital.

But I think the outstanding figure in the development of aseptic surgery here was Mr. Lockwood, for he was the first surgeon who even pretended to know anything about bacteriology. I believe he learned it from Klein, and for three years, beginning in 1890, Lockwood and Vincent Harris held a private class in bacteriology, to which a few men resorted: Sir Holburt Waring tells me he attended it. I have no doubt that Lockwood's bacteriology was of a very rudimentary kind, but how much better it was than none at all he soon showed by the practical uses to which he put it in the wards and theatres. In his efforts to secure asepsis of everything connected with a wound, he at one time made a practice of taking tiny skin snippings from his own hands and those of his assistants as soon as the operation was ready to begin. These snippings were dropped into broth tubes and incubated, the result being exhibited next day. I have been told that one of Lockwood's more intelligent house surgeons used to take the precaution of boiling his tube before incubating it, so that there might be no doubt that his hands, at least, were aseptic.

Nevertheless, I am sure that these procedures were of great service in emphasizing the importance of minute attention to small details. The influence of Lockwood upon his house surgeons and dressers was very great, and played no small part in the evolution of our present-day methods.

I have said that my memories of these things are of

the nature of disconnected tableaux. Happening one day into the theatre I would find the operators in white jackets: a year passed and they were to be found arrayed as complete pastry-cooks. The months rolled by, and now I was made to endue goloshes if I wanted to go into the theatre. Later still gauze masks appeared over the nose and mouth, and now I see the operating surgeon leaving his hot bath to put on sterilized pink silk undies and spotless flannel bags. One can see that it is all a perfectly logical development of the gradual recognition of the human body as the prime source of infection—a piece of knowledge which was necessarily hidden from Lister at the time when he was evolving his system of antiseptic surgery.

But now, having tried to give you my recollections of surgery before the days of bacteriology, let me turn to medicine and to the development of bacteriology generally. When I first came on as a clinical clerk to Dr. Gee—I think it was in 1885—there was no such thing as bacteriological diagnosis. The typhoid bacillus had not been discovered, nor for all practical purposes the diphtheria bacillus. Diagnosis had to be made on clinical grounds and treatment conducted on general principles. Antitoxic sera were, of course, unknown, and prophylactic inoculation undreamed of.

It has been naturally a very interesting thing to see one development after another of bacteriology being applied to clinical ends. The first development I can recall was the staining of tubercle bacilli in sputum. It was a year or two after Koch's discovery of the causal agent that Ehrlich showed that it was acid-fast, and devised the method of staining which in principle we still use. I well remember picking up the new method and testing it on patients in the wards. It was while I was research clerk to Dr. Andrew—I think during the winter of 1886–7. I was at that time also one of the four section cutters who prepared the sections for the Pathological Histology class, and we used to work in the otherwise unused room which later became the Pathological Laboratory and is now used for practical surgery. It was my first effort at bacteriology and it was quite successful; the films were shown in the wards with great pride. I can recall no bacteriological adventures for some years after this; it was not till I came off my house job as house physician to Dr. Andrew, in the spring of 1889, that my memories begin again. And this brings me to speak at some length of a man who at that time held a very prominent position in this country—as its foremost bacteriologist, namely, Dr. Klein.

Many of you will have heard of Klein as a past teacher of physiology here. He was of Austro-Hungarian birth, and was invited to come to England to become Resident Director of the Brown Institution at Wandsworth in 1871. He was then a young man of 27 with a brilliant reputation in Vienna as a histologist—a reputation which his earlier work in this country fully sustained. At the Brown Institution he worked at infective animal diseases, under Burdon Sanderson, the Local Government Board supplying the finances. In 1873 St. Bartholomew's invited Klein to give lectures on histology. His knowledge of English was still imperfect and he must have had a hard time with the rowdy students of those days, but it all came right in the end, and finally he came to do the whole of the physiological teaching here till, in 1900, Dr. Edkins became his coadjutor. In one way or another Klein was attached to this Hospital for more than forty years.

But to return to the Brown Institution, it can well be imagined that such a man as Klein could not study infective animal diseases at a time when the beginnings of bacteriology were stirring on the continent without being himself drawn into the subject. There was no one to teach him, for there was no bacteriologist in England, and he had to pick up what he could from the scanty continental literature. Koch's methods of obtaining pure cultures of bacteria from colonies on solid media were first published in 1875 and 1876, and Klein, who possessed great technical dexterity, picked up all this very quickly. It is a most interesting thing to look through the series of papers which he wrote in the Local Government Reports year by year and note the gradual advances in method—crude at first, but soon improving. Since there was no one else in this country who was attempting bacteriology, the more ardent spirits in medicine used to resort to Klein at the Brown Institute in order to learn what he had to teach about the new science, and ultimately definite courses of instruction arose. In this way Klein may fairly be claimed as the "Father of Bacteriology" in England, and, especially through his pupils, he exercised a very great influence on the development of the subject.

I first came to know Klein as a teacher about 1890. By that time he had severed his connection with the Brown Institution and had taken laboratories in Great Russell Street. Here he carried out his research work for the Local Government Board and conducted classes for pupils. Wishing to take a Diploma in Public Health I joined this class in company with Sir William Hamer, late Medical Officer to the L.C.C. I recall that Sir Ronald Ross was also a member of that class. Here we learned all that Klein could teach us, and were well grounded in the technique of bacterial culture.

Shortly after this arrangements were made for Klein to do his bacteriological work at St. Bartholomew's, where he had long been in charge of the physiological teaching. He was assigned two rooms at the very

top of the School buildings, now used as museum preparation rooms. Klein himself occupied the inner room, and in the outer room three or four favoured pupils were allowed to work; the big classes were given up. I was one of those privileged to work there; Dr. Mervyn Gordon was another, also Dr. Edmund Cautley and Sir Alexander Houston—now the head of the Metropolitan Water Board Laboratories. Klein farmed out small Local Government Board research jobs amongst us, and exercised general help and supervision. In this way we got experience in research and added usefully to our scanty incomes. I have always felt that I owe Klein a very great debt of gratitude for his teaching and personal kindness to me.

Klein's work had nothing to do with the Hospital, save in so far as an outbreak of infective disease might give him chance material for investigation. He taught physiology in the School, but otherwise he worked purely for the Local Government Board. So far as bacteriology was taught at all in the School it was at the small course given by Lockwood and Vincent Harris, and I believe that went on only for three years. Later on, especially after he had ceased his connection with physiological teaching, Klein himself gave a course of lectures in advanced bacteriology every year for senior students, but I never attended these.

In all this there was little application of bacteriology to the patients in the wards, and I must now tell you something of the man who first developed clinical pathology here—A. A. Kanthack. He was a younger man than I, by some years, but he had had a far more varied and eventful life. He was born in South America, went to school in Germany, commenced college life in Liverpool, and ended by taking the various degrees offered by the University of London. He was a student of this Hospital, took his F.R.C.S., and then went to Berlin to study under Virchow and Koch, where his bent for pathology was finally decided. Returning to Bart.'s in 1890 he became Midwifery Assistant under Matthews Duncan, and while still on the Junior Staff he was appointed on a Commission to investigate leprosy in India. On his return from India he went to Cambridge and became a Fellow Commoner of St. John's—holding a John Lucas Walker Studentship and plunging headlong into pathological research. After a year at Cambridge he returned to Liverpool with the idea of practice in medicine, but he did not remain there long. In 1894 it was decided to institute a specialized lectureship on Pathology at Bart.'s, and Kanthack was felt by everyone to be the man for the post. He was unanimously appointed, and became at the same time Pathologist to the Hospital. The room assigned to the new department was the one I have already mentioned, now the Practical Surgery Room. Here the head of the department worked in a corner screened off from the rest of the room, which was devoted to classes and miscellaneous research work. By and by Dr. Drysdale returned from Liverpool, where he had begun practice, to act as unpaid demonstrator. Rabbits and guinea-pigs inhabited cages on the top of some radiators and everyone was quite happy. That was the real beginning of bacteriology at Bart.'s.

(*To be concluded*).

A BED FOR FRACTURES AND GENERAL HOSPITAL PURPOSES.

WE reprint the following from the *Lancet*, February 15th, 1919, in connection with Mr. Pearson's letter published in this issue under "Correspondence."

The bedstead shown in the accompanying illustrations, devised originally for the treatment of gunshot wounds of the femur, has now been modified so as to adapt it for general hospital purposes. In an earlier improvised form it was used in the South African and other hospitals in France during 1917 and 1918; when officially adopted by the War Office for the special femur hospitals in England it was thought that it would be both more economical and more satisfactory to have it manufactured *de novo* for the purpose and at the same time to extend its utility. In its new form it greatly eases the nursing of all fractures, spinal injuries, paralytic cases, wounds of the back—in fact, of all cases, medical and surgical, where lifting or rolling the patient is difficult.

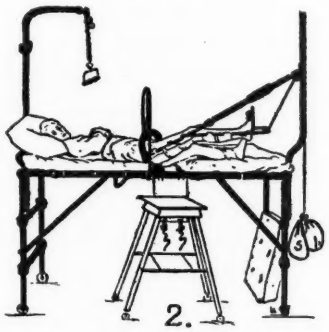
Description of the bedstead.—The most evident feature is its height—1 yard—considerably higher than any existing hospital bedstead. At first glance this looks inconveniently high, but after many trials of both higher and lower, experience has shown that this is none too high. Many have been in use during the last year, and the unanimous opinion of nurses, even short nurses, is that the present height of 36 in. is the one that suits them best, and that it saves them a great deal of fatigue in dressing and washing the patient.

The essential feature, however, is not the height, but the sectional nature of the whole top of the bed.

The usual spring mattress is replaced by seven transverse slings fastened to one side-bar by flat iron hooks and to the other by straps and buckles, by which they can always be kept tight. These canvas slings are 11 in. wide, meet edge to edge, and are kept free from wrinkles and quite flat by a strip of metal sewn into each end.

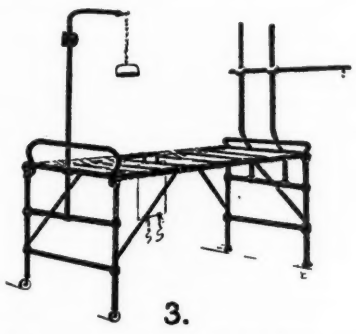
The mattresses, which rest on top of them, are also sectional, but it is not necessary to have so many; for all ordinary cases we use only one small sectional mattress 11 in. wide, the rest of the bed being covered by two Army "biscuit" mattresses.

For instance, in a femur case the small mattress is



With Section let down as for Dressing.

put exactly on top of the canvas sling which lies under the thigh, immediately distal to the ring of the Thomas's splint. When dressings are to be done the small mattress and its corresponding canvas are released and dropped, giving free and unimpeded access to the back of the thigh or buttock, so that the wound can be irrigated without lifting the patient or wetting the bedding.

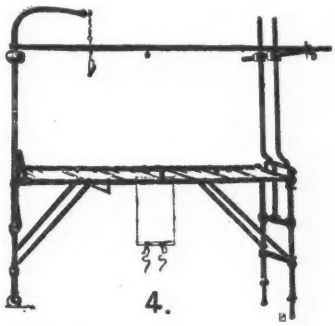


Bedstead Stripped, arranged as for Wide Abduction of Right Leg.

Other nursing processes are equally facilitated, and for radiographic purposes one has the great advantage of being able to place the X-ray tube below the limb and the screen above with no wire mattress interrupting the view.

Further to ease matters for the nurse the canvas sling under the wound has a quick-release device shown in Fig. 5, which does away with the need for undoing buckles each time it is used. The movable section with its quick release can, of course, be placed at any part of the bed according to the nature of the wound.

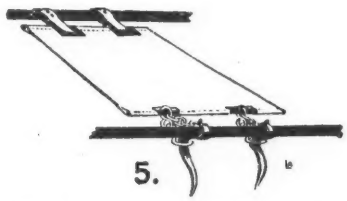
Each bed has with it a supply of tubular fittings and clamps of Maddox type, fastening on to the foot and head of the bed, and adaptable to almost any form of extension or suspension of the limbs, in wide abduction if required, and with or without pulleys. The derrick at the head of the bed and the cranked extension posts



With Overhead Suspension equivalent to Balkan Beam, and with Lower End of Bed Elevated by means of the Telescopic Legs.

at the foot are interchangeable; all are hexagonal at their bases and fit into hexagonal cups.

The feet at the top of the bed have large wooden castors; those at the other end are not wheeled, but are telescopic, so that the foot of the bed can be raised anything up to 12 in. without the aid of blocks—as, for instance, where body-weight counter-extension is required.



Showing a Canvas Sling with Quick-Release Attachment.

Advantages of the bedstead.—To summarize, the chief advantages claimed are:

(1) Nursing and dressing processes made much quicker and easier for the nurse and much less painful for the patient.

(2) The patient, bed, and suspension apparatus all together form one self-contained unit, freely movable into the open air if desired, as in fire emergencies.

(3) No attachments to floor or ceiling, no structural alterations in buildings in order to get overhead suspension.

(4) Adaptability to general surgical and medical purposes.

(5) The greatest advantage by far is undoubtedly the fact that the patient need never be lifted or moved at all, even for buttock or rectal wounds.

Because of its height the bed is not suitable for convalescent patients who get in and out of bed with difficulty.

I am much indebted to a War Office committee for helpful suggestions regarding the overhead suspension apparatus. The bedstead here described is a War Office issue, and is made by Messrs. Whitfields, Ltd., Birmingham.

MAURICE G. PEARSON.

STRAIGHT FROM THE STABLE.

H.P.: "What did they find when they X-rayed your chest?"

Patient: "Well, doctor, they said me bronchial tubes was broken."

* * *

H.P.: "Is baby constipated, Mother?"

Patient: "Well no, Doctor, 'e ain't constipated, but 'is little bowels are terrible caustive."

* * *

H.P.: "How's baby getting on, Mother?"

Patient: "Well, Doctor, she ebbs and flows."

* * *

H.P.: "Do you suffer from wind?"

Patient (an old lady of seventy-five): "Yes, me dear, you should just 'ear me."

ANNOTATION.

CHILD BORN WITH A DOUBLE CEPHALHÆMATOMA.

About two months ago I came across the above condition in a European child, which no doubt is uncommon.

The mother has three other children, and all were normally delivered. Her pelvis has the normal measurements and the confinement in question was also quite normal, no instruments being used, and the child, whose weight was 7½ lb., was born just as I entered the room. The head of the child was of normal size and shape, except for the swellings, equal in size, over each parietal bone, which gave the head an extraordinary appearance, as if a Tangerine orange was placed under the scalp on each side. After about one week the mother began to get concerned, as there was no appreciable difference in the size of the swellings, as I had informed her that they would soon disappear. The mother's anxiety made me anxious, too, and as the swellings fluctuated so readily, I suspected congenital absence of part or whole of the parietal bones and had an X-ray taken, but this showed a normal skull. We waited patiently, and only after 1½ months had each swelling disappeared entirely, with great relief to mother and myself.

I have not seen the condition mentioned in any text-book, and am still puzzling as to the cause. I would be obliged if any of your readers could enlighten me on the subject.

G. DIETRICH, M.R.C.S., L.R.C.P.

THE A.B.C. OF VITAMINES.

HAVING recently set an example to the world in the matter of Latin verse, we accept with pleasure Mr. William Holloway's offer (at the instance of the Editor of the *British Medical Journal*) of the following rendering of "C. H. A.'s delightful lines," which appeared in our January issue:

A.

Ralphi olim muris praestanti corpore, obesi
Perlucens oculus frigidiorque fuit.
Maestum! pinguis eum miserum tanto minus êsse
Tristes se quanto multiplicâre dies,
Unde oculi facta est pars cornea cornior usque
"A" quia vitamin non vigorabat eam.
"Scite 'A' vitamin mihi defecisse," dolenter
Mus ille exclamât, admonuitque suos.
"Vestri oculi fient etiam, mihi credite, cornu
'A' ni vitamin suppeditârit eis."

B.

Qua coiere suburbani convivae epulantes
Nonne polita gulae semper oryza placet?
Certe. *Notus* at Arbuth*notus* Semita tristis
Heu! "B" vitamin plorat abesse, dolet.
"Et Beri-beri, dira illa exotica pestis,
(Addidit hoc)" nervos obsidet atque terit.
"Sumite 'B,' cari" celeber chirurgicus ille
(Me ipso praesenti) dixit et ursit eos.
"Ni panem, qui decidit meritum cereale,
Êssem, non vivus nunc alacerque forem."

C.

Navem pervasit morbus scorbuticus omnem,
Dum nautae Arctoum per mare, vela dabant.
Distantes terra, sine "C" vitamine, nautae
Se conservato sustinuere cibo.
"Quid valet," exclamât, jurans per caela, magister,
"Jus sacrum citreae, dic mihi, quidve juvat?
Se sue condito nutribant, oh! miserandos
Nautae illi audaces, liberi ut unda maris.
Sed vitam esse brevem nutritam carne bovina
Condita, absenti 'C,' velut aura patet."

D.

Ossea, dura φύσις genuum lacrimosa Jemimae
Horribilis visu terrificansque fuit.
Quos vult namque ferit dirissima taetra ῥαχῖτις
Si " D " vitamin, vita quod instat, abest.
Etsi oleo jecorum insidias frustravimus ejus,
Luceque quam violae caeruliore, ferit.
Ergo oleum jecorum, infantes, haurite voraces
Si forma vultis robore et usque frui.
Nausea inest, forsan, sed nonne ῥαχίτιςα vincit ?
Et " D " vitamin pocula plena replet ?

E.

Quatuor haec " D," " A," " B," " C " vitamina, sane,
Felices, validos vos, liquet, efficient.
Sed non sufficit hoc ; vos multiplicare necesse est.
Si non, exstinctum mox erit omne genus.
" D " dent vitamin medici ; mihi convenit illud.
Hoc laude illius claudere nonne decet ?
Censum vitalem, cari, duplicabimus, illud
Si non imprudens negligit ulla domus.
Spes et confundet quas illa Stopesia fovit
Herba commixtum quam colit Inda manus.

WRITTEN BY A PUPIL OF ST. BARTHOLOMEW'S HOSPITAL ON THE RESIGNATION OF MR. POTT.

[*A correspondent has unearthed a manuscript of which the handwriting appears to be of the required date. There is no clue as to the author.*—Ed.]

YE wretched creatures whom my walls contain
(How much more wretched now shall be your lot),
Cease to bemoan your agonizing pains,
And join with me to moan the loss of Pott.

Who with the keenest eye and steadiest hand,
And the best judgment Nature could bestow,
For fifty years has well supplied the land
With wooden legs and such sad sights of woe.

Heavens ! when he lopp'd a limb to save a life,
Or freed the bladder from the galling stone,
Death fled affrighted when he seized the knife,
And the weird sisters trembled at his frown.

But he, serene, amidst the blood and cries
Of the poor wretch with horrid tortures fired,
Could calmly turn about and bless your eyes,
Or damn them either, if the case required.

Lives there the man who can supply his place
With half the dignity that he could boast ?
For who could operate with so much grace ?
Or with such blest assurance rule the roast ?

What now shall gain Bartholomew renown ?
For all my riches can avail me not;
What brought each leaden-headed lad to town,
What drew them hither but the name of Pott ?

Shall Pitts, Earle, Blicke parade my walls alone,
And not a pupil follow at their heels ?
Shall Long and Harvey set a broken bone ?
Oh ! no, kind Heaven, defend us from such ills.

Still Pott shall grace the dictatorial chair,
Still teach e'en blockheads in his art to shine ;
Still to my walls in flocks they shall repair,
Still laugh at Hunter, and still pity Cline.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

Cup-Tie Final *v.* London Hospital.

Richmond, Wednesday, March 14th. It may have been thought by some that, having knocked Guy's out of the cup, we had removed the only obstacle that need really trouble us. We knew, though, that the London were a serious proposition. Outside the Hospital, indeed, few thought we should win. In G. V. Stephenson, Shechan and Stanley in their back division, they had, it was thought, more scoring power than we could thwart or counter. We were unfortunate in losing Capper at the last minute with 'flu, but we could not have had a better substitute than Maley.

Conditions were ideal when the London kicked off. The ball went straight to Bettington, who unaccountably fumbled, and their forwards following up dribbled on towards our line. Here there was more fumbling, and a forward, Rae, touched down for a very soft try, which was not converted. We were not depressed by this ; it was so obviously an accident. After this we kept them penned in their "25" for most of the first half. Our object was to prevent their " threes " getting away. When we heeled the ball, which we did from not more than 50% of the scrums, Taylor made ground with exceedingly well-judged kicks to touch. When they got the ball, their scrum half, Waring, was generally smothered with it. After half an hour's play Gaisford kicked a beautiful penalty goal from 40 yards out. The ball bounced on the cross-bar and was kind enough to fall over it. Many times we were on their line, but we could not score. When they did relieve, their backs always looked dangerous. One three-quarter move of theirs was brought to a sudden end when Stephenson was tackled beautifully by Petty. One cannot help but enthuse about that tackle. It was the sort one dreams of and sees so very rarely.

So at half-time we were level at 3 points each. We had rarely been out of their half, but we had rarely looked like scoring. Taylor rarely let his backs have the ball. When he did they were unable to make any ground. We felt confident, though, that the forwards would score from one of their dangerous rushes.

The fog, which had swept across the ground soon after the start, made it difficult to see the ball on the opposite side of the ground. Within about five minutes of the re-start a forward movement, details of which could not be seen, ended with Thompson scoring far out on the right. Gaisford converted this with another splendid kick. London replied by nearly snapping a try from a charged-down kick. London were more in our half now and frequently caused anxiety. Sheehan made a great deal of ground with one

good run. In spite of this we did not entirely release our pressure. Taylor and then Prowse were both nearly over. There was one horrid moment when Gaisford was forced to carry over. He ran about behind the goal-line, eluding would-be tacklers, and finally got in a good kick to find touch near the "25" line. Williams later brought relief by a good run and kick. Shortly before "time" Gaisford was penalized for lying on the ball. The kick failed.

We won the cup again, for the fourth time only, but by no means for the last we hope and trust. It is easy to say that the forwards, Taylor and Gaisford won the match, but it is not fair and is not true. The remaining backs certainly accomplished little in attack, though Grace made several good runs in the first half, but their defence was really great. Gaisford could not have played better in this his last cup-tie. We can only remember one of his kicks failing to find touch, and all of them were of terrific length, most heart-breaking to their forwards. It is not easy to estimate how much we owe to Taylor. We know it is a great deal. We must first remember that he had not played scrum-half before this season. He has been good in every match, but in this match he was wonderful. His slips away from behind the scrum nearly always had them guessing. His kicking was uncanny in its accuracy, and he was always where he was wanted in defence.

Lastly we come to the forwards. It is impossible to avoid repeating superlatives. Their leader, R. N. Williams, on this occasion set an example that could not be bettered. Even of more value than his own play was his leadership. This did not start on this day, but has developed since the first match this season. In the early days he had little idea of leading a pack, but he has patiently brought his team on, the pack particularly, until now it is a skilfully blended unit. We will mention no more names, since it was this unit which was so good. We have all congratulated Williams and his team, but we all want to do so again. May they repeat their success next year!

Team: W. F. Gaisford (*back*); A. H. Grace, H. W. Guinness, G. F. Petty, C. B. Prowse (*three-quarters*); F. J. Beilby, J. T. Taylor (*halves*); R. N. Williams (capt.), C. R. Jenkins, R. H. Bettington, H. G. Edwards, J. R. R. Jenkins, M. L. Maley, H. D. Robertson, V. C. Thompson (*forwards*).

P. G. LEVICK,
Hon. Treasurer.

HOCKEY.

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S HOSPITAL.

On Thursday, March 8th. After defeating Middlesex 3–0 in rather unconvincing style, we next met Guy's in the semi-final of the Hospital Cup. The Richmond ground was in good condition and Bart.'s fielded a full side with the exception of Williams, whose valuable aid on the left wing was sorely missed. The forwards were so ineffective against Middlesex that the whole line was reorganized: Symonds went out to the left wing, Bell was brought from the 2nd XI to inside left, Francis came into the centre and Hartley played at inside-right.

Bart.'s won the toss and decided to play downhill. Guy's pressed straight from the bully-off, and from a mix-up in front of our goal scored within the first few minutes. Bart.'s then began to attack, and continued to do most of the attacking during the first half. After a good rush by the inside forwards the ball was passed back to Bell, who was unmarked, and scored with a beautiful first-time shot. After this Bart.'s continued to do most of the attacking; several corners were forced, but there was no further scoring.

Playing downhill Guy's became more aggressive; their forwards were always dangerous once in our circle. Their inside forwards, combining well with the outside right, made several rushes on our goal, and in rapid succession added two more goals. Bart.'s continued to do a fair share of the attacking. Francis, getting the ball in the Guy's circle, scored with a spectacular back-hand drive. The Guy's inside forwards made several dangerous rushes towards the end of the game, but Windle was in fine form, and each time the ball was cleared; just before the whistle Guy's were rather fortunate in adding a fourth goal. Bart.'s had more than a fair share of the game, but Guy's won the match by the quick, hard shooting of their inside forwards.

Our forwards played ever so much better; there was plenty of combination and dash. Symonds and Bell deserved special mention. For the half-backs Fordham did not mark his wing man as closely as usual, but Attwood was in great form on the right wing, especially in attack. McCay was good at right back, but sometimes the backs were at fault in their covering off. Windle brought off many fine saves and was fearless in his running out.

Team: R. W. Windle (*goal*); F. H. McCay, P. M. Wright (*backs*); M. S. M. Fordham, W. F. Church, J. H. Attwood (*halves*); E. J. Neill, K. W. D. Hartley, R. H. Francis, A. C. Bell, J. W. C. Symonds (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. LAWRENCE COLLEGE, RAMSGATE.

On March 10th this match was played at Ramsgate. The day was cold, with occasional showers of snow, but the ground was very hard and very fast. With Hartley, Bell and Francis away from the forward line and Fordham from the half-line the side was considerably weakened. Our opponents were a strong side in the pink of condition, and defeated us in a very fast and good game by 5 goals to 2.

From the bully-off St. Lawrence pressed our goal and made several dangerous shots, but after some play of a scrappy nature the ball was cleared to the wing. St. Lawrence soon pressed our goal again and scored their first goal. Play now became more even, and the inside forwards, showing plenty of dash and combining well, made several attacks on the St. Lawrence goal. Iliff, after making a good individual rush, scored our first goal. Play continued to be fairly even, Bart.'s doing most of the attacking, but St. Lawrence obtained a second goal, and at half-time the score stood 2—1.

Throughout the second half the game continued to be very fast and open, the ball swinging about from one end of the field to the other. St. Lawrence, with their superior condition, pressed more during the second half; they soon added a third goal, but Francis replied with another soon after. Later in the second half St. Lawrence added a fourth goal, and just before the whistle, owing to a misunderstanding between the backs and goal, they added a fifth.

Considering the number of absentees Bart.'s played very well. The inside forwards, especially Iliff and Francis, showed good speed and combination, but they found the outsides rather weak. The halves gave the forwards plenty of good passes. Bradshaw, taking Fordham's place at left half, was in good form. The backs, although they played well, were not quite so reliable as usual. Windle in goal maintained the good form he has shown all the season.

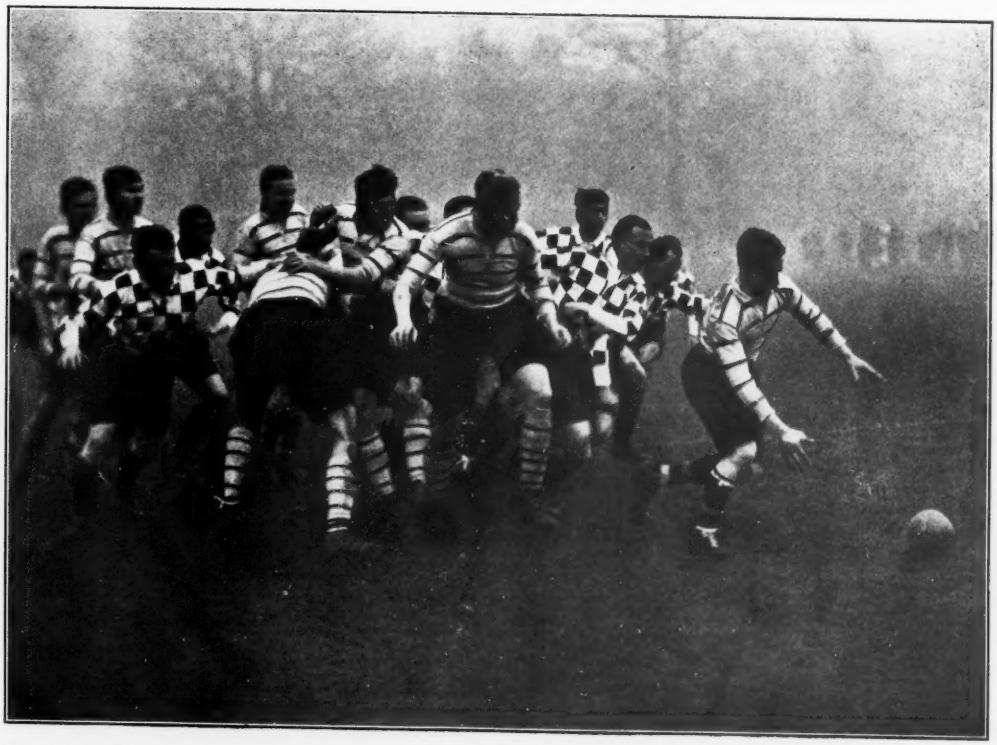
Team: R. W. Windle (*goal*); P. M. Wright, F. H. McCay (*backs*); J. H. Attwood, W. F. Church, G. H. Bradshaw (*halves*); E. J. Neill, J. W. C. Symonds, R. H. Francis, A. D. Iliff, A. T. Pagan (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD FELSTEDIANS.

This match was played at Winchmore Hill on Saturday, March 17th, in perfect weather, the ground also being in a much improved condition. The Old Felstedians had a strong side playing, but the Hospital were below full strength, for in addition to the continued absence of Williams, they were without Wright, Fordham, Francis and Hartley. In spite of this disadvantage the team played a splendid game, and finally lost by 3 goals to 4, after a really fast game, which was a delight to watch. Bart.'s played downhill in the first half, but the Old Boys immediately pressed and took the lead after about three minutes play. The Bart.'s forwards were well together, but were not showing quite enough dash at this stage. Suddenly, however, Bell got the ball on the edge of the circle, dribbled through and equalized with a good shot. After this the forwards got going in good style, and after a corner taken by Neill, Attwood made a good pass to Iliff, who scored with a first-time shot. Bart.'s thus led by 2—1. At the other end the Old Felstedians missed several opportunities of scoring, and once a Bart.'s defender got the ball away from the very goal-line after Windle had been passed. Windle on another occasion made a magnificent save when a goal seemed certain—indeed he was in fine form throughout the match. The Old Felstedians then made the score 2—2, and before half-time scored again after Edwards, the east forward, who was proving very fast at outside-right, had run right through. Iliff had bad luck in not levelling the scores after a good dribble for the Hospital, and Thorne crashed the ball over the goal at great speed just before the whistle blew for the interval.

Soon after the game had re-started the best goal of the match was obtained by the Hospital. Church got the ball near the half-way line, made an excellent pass to Bell, who dribbled on, drew his man and slipped the ball to Iliff, who scored with a good shot, making the score three goals each. The play continued to be fast with the Hospital holding their own, but it was not against the run

London News Agency Photo.



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of the play when Edwards went through the Hospital defence on the right and centred for his inside-left to give Windle no earthly chance of saving. There being no more scoring the Old Felstedians won by 4—3.

The winners were a very good side, who realized the value of swinging the ball about and who were very quick on the ball. Outstanding for them were Edwards at outside-right and Evans at right back. Reference has already been made to Windle's play for Bart.'s; McCay settled down to a very good game after a shaky start, and Gale, playing for the 1st XI for the first time, gave a plucky display, although inclined to wander. Church got through a lot of work at centre-half and was constantly putting his forwards on the move, while Attwood was much the better of the wing halves. The forwards played excellently all along the line and showed better combination than at any time this season. A fine game in which the score just about represented the play.

Team: R. W. Windle (*goal*); F. H. McCay, H. Gale (*backs*); J. H. Attwood, W. F. Church, V. C. Snell (*halves*); E. J. Neill, A. D. Iliff, A. C. Bell, V. Thorne-Thorne, J. W. C. Symonds (*forwards*).

K. W. D. H.

Stop-Press.—We regret that the Annual Report of the Council of the Student's Union, 1927–1928, arrived too late for publication. It will appear in our May issue.

CORRESPONDENCE.

THE NURSING OF FRACTURED FEMURS.

To the Editor, 'St. Bartholomew's Hospital Journal.'

Sir,—I have just read with much interest and some grief Mr. Stallard's notes on nursing of fractured femurs and spinal cases in the Bart.'s Journal for January, 1928—with interest because the difficulty of nursing compound fractured femurs was the first staggering surprise that struck most of us at the beginning of the Great War; and grief because, as a very loyal Bart.'s man, I hate to see it moving so slowly and profiting so little from that war experience as is indicated by Mr. Stallard's description of present methods there—the same old scattering of fractures through the general wards, the same old bedsteads without even sectional mattresses, the same lifting of fractured femur cases to get at their backs and rolling over of spinal cases—all exactly as it was done when I was H.S. there thirty years ago, just as if there had been no Great War with its lessons. And yet when eminent surgeons give International Lectures on the progress of surgery resulting from the war, it is always the treatment of fractures, especially of fractured femurs, that they pitch upon as their outstanding example, and justifiably. Then why so little change at Bart.'s?

Recently a St. Thomas's friend and I were gently sparring about our respective hospitals; with deliberate inaccuracy I called his hospital a mere upstart offspring of Guy's, and reminded him that Bart.'s was a hospital a cool 500 years before there was any other hospital in London. "Yes," he said, "and the dear old place hasn't changed much since then, has it?" Decidedly his score, and I remembered it often when re-visiting Bart.'s, and again when reading Mr. Stallard's article.

The excellent bed described by Mr. Stallard would avoid all this lifting and moving, and is extraordinarily like, but in some refinements better than, one devised by us to meet exactly the same difficulties in the South African Military Hospital at Richmond Park in 9116. Our's went through many further stages of evolution in the S.A. Hospital in France, where femurs were concentrated, and the final stage of improvement was reached in 1918, when at the direction of the War Office the sectional fracture bed (S.A. pattern) was made by a Birmingham firm (Whitfield & Co.), and turned out in thousands: it was described by me in the *Lancet* of February 15th, 1919. At one Femur Hospital, Edmonton, London, there were 500 of this or similar type. In one double ward there were 80 fractured femurs, nearly all compound (shell or bullet-wound) and septic; yet by these labour-saving devices the wards were run with no more than the usual staff, so easily that the thick end of the ward work was always over by 11.30 a.m., and so painlessly that they were the cheeriest wards in the hospital. The secret of it all was that the beds were high (36 in.), to make nursing and X-raying easy, and that both mattress and the underlying canvas that supported the mattress were made in 11-in.-wide sections, any one of which could be let down completely to get at the patient's buttocks or back, bit by bit, without lifting the patient an inch, and this for weeks at a time if desired. Each bed was a complete unit on wheels and had its own overhead gear to suspend the limb.

These beds are in efficient use in hospitals out here and in many parts of the world, but as far as I know neither these nor anything in the least approaching a sectional fracture bed of any kind has ever been tried at St. Bart.'s, where Mr. Stallard states he was recently unable to procure even a sectional mattress.

One of the great lessons of the war, urged over and over again by Sir Robert Jones, was the need for concentrating fractures in special wards linked in some way with the orthopædic department, and this scheme has been adopted in many hospitals. Bart.'s was one of the large hospitals which supposedly, in the interests of teaching, stood out and refused to alter its system. This conservatism explains the state of affairs now existing. Is it not time for Bart.'s to make the change too?

Yours faithfully,

Maurice G. Pearson.

Britannia Buildings,
West Street,
Durban;
February 8th, 1928.

"QUICQUID ID EST TIMEO DANAOS."

(A letter received by an unoffending physician.)

Thursday Croydon

To The Hous physician.

Dear Sir I am writing to ask you if you would kindly ask. Mr S—— not to turn the Nurses against me up there or anyone else because of these Spots on my face. it is not through bad living or. Drinking my back. has been so bad that I have not been able to work so much & at my places I never. get any green vegetables or. Milk Puddings & my Stomack is too weak. to digest heavy food I had the Spots out like it before & as soon. as I had a long rest & regular food they went off I have had a young man certainly years ago. but I gave him up because he would'nt marry me. & I don't want anyone else but then if you looked into every bodys past before you saw to a patient you would have enough to do its like a Clergy man said once. in the Pulpit 50 out of each hundred only go to Church pure & the Married people nowadays take Pills which stop them from having a family & then say they are ill because other people worry them one of my Landladies did that my Spots are not infectious as I have worked at one place 8 years & they have never caught any thing from me. but I have some trouble which Dr. S—— says he has'nt time to see to but I have. never. had. any trouble with the Hospitals as I have been. in Three when I was younger. & they never suggested any thing nasty I am as good as any one else

Yours truly

Outpatients Dept. B. C.

AS SHE IS SPOKE.

Dear Mr. Editor,—Does the following in any way interest you?

Our housemaid, having arrived at the stage of "walking out," arrived home to dinner the other Sunday very much upset because her young man had gone to hospital and had been kept there; she did not know what was the matter, but it was something very serious.

Next afternoon she returned from visiting him at the hospital even more upset than the day before, and between gulps and tears managed to stammer out that the doctors had told her that her young man had got "Wooden China."

It took me quite a long time to connect this with Ludwig's angina.

Yours faithfully,

A. J. Kendrew.

REVIEWS.

LAMB'S DISEASES OF THE THROAT, NOSE AND EAR. By F. SYDENHAM. (Published by Baillière, Tindall & Cox.)

This little book succeeds ably in its object of providing the student and general practitioner with an insight into the examination and treatment of the ear, nose and throat. It is restrained in size, the print and arrangement is good, and the subject-matter makes very pleasant and understandable reading. It may be described in the main as a collection of aphorisms about this special subject; the treatment is sound and unadorned, and controversy has been carefully avoided.

The outspoken condemnation of the spokeshave on p. 18 is but one example of many similar passages of sterling worth as propaganda. I was sorry not to see a small space allotted definitely to the œsophagus with a parallel condemnation of the probang.

I should prefer to see the operation for the removal of the tonsils described as "tonsillectomy": tonsillotomy reminds one rather too vividly of the old-fashioned partial removal. I cannot agree with the "no anæsthetic" doctrine for this operation, and firmly believe that not only is the shock greater without an anæsthetic, but that damage of the pillars and only partial removal of the tonsils and adenoids must frequently be the result.

The chapter on X-rays is admirable, and might well have included a word on the new recognized value of comparative X-rays of the mastoid processes in cases of doubtful diseases. The index should be fuller.

A book which can be confidently recommended. F. C. W. C.

A TEXT-BOOK OF INFECTIOUS DISEASES. Being the third edition of Goodall and Washbourn's *Manual of Infectious Diseases*, By E. W. GOODALL, O.B.E., M.D., B.S.(Lond.). (London: H. K. Lewis & Co., Ltd.) Price 30s. net.

Dr. Goodall has had a difficult task in sifting from the enormous mass which has silted up during the last nineteen years the grains of truth and permanent advance. He modestly does not call himself a bacteriologist—that is, he does not set out to prove or disprove a statement himself in a laboratory—so that where markedly conflicting statements as to ætiology or possible immunization exist, he has taken the wise course of putting those statements before the reader, and leaving it "to the future to decide which party has arrived at the truth, if either has arrived at it."

In adding chapters on epidemic poliomyelitis and encephalitis he has omitted that on plague, while retaining those on typhus and relapsing fever. The work of Prof. Karl Pearson's biometric school receives attention in the introduction. Six valuable appendices deal with chloroform in the treatment of anaphylaxis, the Therapeutic Substances Act, 1925, the cerebro-spinal fluid, lumbar, cisternal and ventricular puncture, diets, table of incubation periods, etc. Four new coloured plates of Koplik's spots and lesions commonly mistaken for them make the number of plates up to 26, while there are several photographs, diagrams and charts.

The book is now a most valuable one, and it has already been of considerable use to the reviewer. Messrs. Lewis are to be congratulated on a further success.

ARTIFICIAL SUNLIGHT AND ITS THERAPEUTIC USES. By FRANCIS HOWARD HUMPHRIS. Fourth edition. (Humphrey Milford, Oxford University Press.) Pp. 306. Price 10s. 6d net.

Two tendencies have become evident since the publication in 1924 of the first edition. One is the at-random employment of ultra-violet treatment by those who are not sufficiently trained, and the other the limitation of actino-therapy to the treatment of diseases instead of its prevention. Two chapters may be noted as of special interest to the general reader, namely, Ch. I, "Historical," and IV, "Therapeutics." In the latter the action of ultra-violet rays in causing the production of antibodies, local hyperæmia, pigmentation, skin fluorescence and the antirachitic factor in cholesterol are discussed, as also are such various topics as phosphorus and calcium metabolism (advocating the administration of these elements during ultra-violet treatment), endocrines, coagulability of the blood, vitamines, Koch's bacillus, and bactericidal power of blood, amongst many others. The technical part is very complete. There are 28 very clear figures. One feels that the medical profession should know more about the scope and means of application of actinotherapy, especially as civilization appears to be tending towards suppression of the natural sun's rays and necessitating their artificial production. Dr. Humphris' book is an ideal one from many points of view.

A TEXT-BOOK OF BIOCHEMISTRY. By A. T. CAMERON. (London: J. & A. Churchill.)

A large number of elementary text-books of biochemistry lean to an excessive extent either to the chemical or physiological aspect. In the book now under review, the balance between the two points of view is well maintained.

As is to be expected in the first edition of any work, there are a number of criticisms which one may make: The sentence on p. 30, "But other indicators can be employed which only show a gradual colour change frequently spread over a pH difference of two units . . .," would possibly give a rather deceptive view of indicator action to a person entirely unacquainted with the subject.

On p. 185 the statement is made that blood clots within a few seconds after withdrawal. A number of misprints have escaped correction: p. 33, The formula of a triose is $C_3H_6O_3$, not $C_3H_6O_4$; p. 85, sphenomegaly for splenomegaly; p. 169, pyrrholidene for pyrrolidine.

In spite of the above criticisms the book is accurate and up-to-date; it can be recommended to all interested in biochemistry, whether from the M.B. examination standpoint or otherwise.

THE EXAMINATION OF THE CENTRAL NERVOUS SYSTEM. By DONALD CORE. (Edinburgh: E. & S. Livingstone, 1928.)

This book can be recommended to students. It offers to them a method of examining the central nervous system, so that little, if anything, shall be overlooked.

The author describes the symptoms and signs with lucidity, and he explains the technique of eliciting these signs with considerable clearness. The illustrations are, on the whole, poor. A valid criticism may be made regarding his method of procuring the knee-jerks and ankle-jerks, which does not allow of accurate comparison between the two sides. His commendation to stroke the inner part of the sole to obtain the plantar response needs correction. He too briefly refers to the forms of sensation connected with parietal lobe functions, and in discussing the cerebro-spinal fluid makes no mention of the importance of chloride estimation.

Apart from such criticism, the book is well worth a study by the student.

POST-MORTEM APPEARANCES. By JOAN M. ROSS, M.D., B.S. (Lond.), M.R.C.S., L.R.C.P. Second edition. (Oxford University Press: Humphrey Milford.)

This edition of Dr. Ross's little book is similar to its predecessor, but has been improved.

The general remarks have been augmented, giving a more detailed account of the removal of the viscera. The whole section should make post-mortem examination a little easier to those who are called upon occasionally to carry out this task.

There is an enlargement in Section VI—the description of mediastinal tumours has been subdivided into mediastinal tumour and lymphosarcoma of the mediastinum. In Section IX in this edition Dr. Ross has given an account of subacute bacterial endocarditis, which is a good addition, as the condition is frequently seen in the post-mortem room.

There seems to be room for improvement in the section in "Death—causes other than Disease." After reading this there appears to be very few points of difference between the state of the organs after the use of various poisons. These conditions being rarely seen in the post-mortem room of a general hospital, the student has to get most of his information on this subject from a book. The differentiating points might be inserted at the end of the section with advantage.

This is a good book and fulfils its purpose as stated in the preface. Its cost is small, and, should be of use to the student preparing for examination, and to the practitioner when called upon to make a post-mortem examination.

TEXT-BOOK OF ANATOMY AND PHYSIOLOGY FOR NURSES AND MASSEUSES. By R. H. ROBBINS, M.A., M.D., Assistant Lecturer and Senior Demonstrator, Anatomical Department, St. Mary's Hospital Medical School. (Messrs. Faber and Gwyer.) Pp. 411. Price 10s. 6d.

This book covers a large ground, and is provided with 127 figures. A glossary and a chapter on physiological and chemical terms will help the beginner, who is at first overwhelmed in the struggle with a

new vocabulary. Anatomy receives very detailed attention here, and it is done in the old style—list upon list of structures and detailed descriptions of bones. Even the nurse is made to pass through the very valley of Hinnom. The physiology, on the other hand, is somewhat condensed. In view of the importance to a nurse of such subjects as diet, hæmorrhage, temperature and pulse, these sections might be lengthened with advantage.

It must be a difficult task to write a good book on these subjects for nurses, but we are of the opinion that main physiological principles might be presented more simply and without the use of so much confusing terminology. R. H.

PARENTHOOD. By MICHAEL FIELDING. (Labour Publishing Co., Ltd.) Cloth, *2s. 6d.*; paper, *1s.*

At last has been written what may be termed an ideal synopsis of birth control theory and technique, by a member of the medical profession, who, for B.M.A. reasons, uses a pseudonym.

The introduction by Mr. H. G. Wells gives the spirit in which the book is written. It is quite coldly scientific, and never "vague, sloppy, lyrical nor shamefaced."

In advocating birth control the author puts the obvious arguments very cogently. He assumes, however, that the *intelligentsia* will not shrink from their three-birth responsibility, whereas, of course, the more you do the less you are disposed to lie up for a number of months. This would not, however, outweigh the obvious need for knowledge to be put in the way of the wives of manual labourers, who are, too often, used as a hobby.

The anatomical descriptions are lucid, and the contraceptive methods sound and described so minutely that there can be no possibility of a mistake. Furthermore, it is made clear where the materials may be obtained.

MENTAL DISORDERS. By HUBERT J. NORMAN, M.B., Ch.B., D.P.H. (London: E. & S. Livingstone.) Pp. 458. Price 15*s.*

This book is described as a "Manual for Students and Practitioners," and unlike most descriptive titles this is strictly correct. The book is light and nicely bound, and it is furnished with a number of clear and useful photographs. The prevalent practice, the author feels, is to skip theory when reading psychology, and get down to business, so he has put the "business first." Having given the reader a sound working knowledge, he goes on to the fascinating topics of history, excursions into "consciousness" and the like, pathology of mental disorder, and clinical examples in life and literature. The last-named is a delightful medley of statements about different famous people and characters in fiction which we should like to see enlarged upon, only a few sources of information being mentioned.

The psychology is sound, and while new fields are not ventured into, pitfalls of controversy are thereby avoided, and the book remains interesting to a surprising degree.

There is certainly a definite place for this book. The bibliography and index are good. Messrs. Livingstone's production is to be commended.

AIDS TO OPHTHALMOLOGY. By N. BISHOP HARMAN, M.A., M.B., F.R.C.S. (London: Baillière, Tindall & Cox.) Seventh edition. Pp. 227.

Unlike so many of the books of this series, *Aids to Ophthalmology* is well written, enabling the contents to be easily understood. All the essential facts of ophthalmology are clearly stated, and one definite view taken of each disease, all unproven hypothesis being omitted. In a work of this type this is very desirable, as it enables the student to obtain a sound working knowledge of the subject without being confused by conflicting theories. Glaucoma is described in some detail, and the correct line of treatment suitable to the different varieties of the disease are fully outlined. The theory and practice of retinoscopy are carefully explained, and no student should find difficulty in mastering the art after reading the chapters devoted to this subject. Excellent and helpful examples are given. The chapters dealing with optic neuritis and papillœdema are not as clear as one would have wished. The different types and their various causes are not adequately discussed. One is unable to form a clear idea of the condition. The book is one that can be recommended to students entering for the M.B. examinations—the book being concise, and fully covering the wide range of the subject.

A HANDBOOK OF HISTOLOGY. By A. M. WATSON, M.A., Ph.D. (Edinburgh: E. & S. Livingstone, 1928.) Pp. 207 with frontispiece and 53 plates.

This small volume is an attempt to present a concise description of the tissues and organs which are included in the ordinary histology course, and the author has, in the main, succeeded.

The arrangement is good, but the value of the book would be greatly enhanced if the practical details for staining followed on immediately after the description of the particular tissue.

In some cases, *e. g.* fig. 41, the photographs fail to convey a clear idea of the structure.

GUY'S HOSPITAL REPORTS. Vol. LXXVIII, No. 1 (January, 1928). (Publishers: The *Lancet*, Ltd.) 12*s. 6d.* net.

The latest number of this publication opens with an appreciation of the life and work of the late Prof. Adrian Stokes. It is well written, and conveys a vivid impression of the boundless energy which characterized the man, whose untimely death robs Guy's and the world of a most brilliant and conscientious worker. There follow two hitherto unpublished papers by Richard Bright, which are of interest chiefly from a historical point of view. Modern medicine is represented by two papers, the first of which comprises a lucid summary of the principles of heredity by Dr. G. W. Nicholson; the second is a survey of hyperpiesia from a clinical point of view by Dr. A. H. Douthwaite, who, however, has nothing new to impart on this controversial subject. The special departments are represented by a most interesting historical paper on the functions and surgery of the tonsils by Mr. Mollison, as well as by a comprehensive survey of the subject of cataract by M. Shaw. Three reports of unusual cases are also included.

The chief interest of this volume is historical, and the high standard of its predecessors is fully maintained.

ACKNOWLDGEMENTS.

1. "Notes on the Ætiology of Certain Cases of Recurrent Diarrhœa and Certain Obscure Forms of Colitis due to Bacteria of the Metadysenteric Group," by Aldo Castellani, C.M.G., M.D., F.R.C.P. Reprinted from the *Journal of Tropical Medicine and Hygiene*, November 15th, 1927.

2. "The Shaw-Mackenzie Blood-Test in Cancer and its Significance," by Albert Wilson, M.D. Reprinted from the *Journal of Tropical Medicine and Hygiene*, December 1st, 1927.

3. "Migraine," by J. Kingston Barton, M.R.C.P. Reprinted from the *West London Medical Journal*, January, 1928.

4. Programme of Revision Course for Health Visitors and School Nurses of Bingley Training College, April 19th to 26th, 1928.

ANNOUNCEMENTS.

BRITISH MEDICAL ASSOCIATION.

NINETY-SIXTH ANNUAL MEETING, CARDIFF, JULY, 1928.

Among St. Bartholomew's men taking official part in the various sections are the following:

Medicine.—A. E. Gow, M.D., F.R.C.P., Vice-President; Anthony Feilding, M.D., F.R.C.P., Hon. Sec.

Surgery.—H. G. Graham Cook, C.B.E., M.D., F.R.C.S., Vice-President; R. St.Leger Brockman, M.B., M.Ch., F.R.C.S., Hon. Sec.

Pathology and Bacteriology.—Prof. E. H. Kettle, M.D., M.R.C.P., President; Lawrence P. Garrod, M.B., M.R.C.P., Hon. Sec.

Orthopædics.—P. Jenner Verrall, M.B., F.R.C.S., Vice-President; Eric Ivan Lloyd, M.B., F.R.C.S., Hon. Sec.

Diseases of Children.—E. A. Cockayne, M.D., F.R.C.P., Vice-President.

Medical Sociology.—Evan Lewys-Lloyd, M.R.C.S., L.R.C.P., Vice-President.

Tropical Medicine.—J. B. Christopherson, M.D., F.R.C.P., F.R.C.S., Vice-President.

History of Medicine.—Walter G. Spencer, O.B.E., M.S., F.R.C.S., President; Prof. J. A. Nixon, C.M.G., M.D., F.R.C.P., Vice-President; Kenneth R. Hay, O.B.E., M.B., Hon. Sec.

Therapeutics and Pharmacology.—W. Langdon Brown, M.D., F.R.C.P., President; Philip Hamill, M.D., D.Sc., F.R.C.P., Vice-President.

TIMES OF ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-patients	Dr. G. Graham 9 to 10 a.m.	Dr. G. Evans 9 to 10 a.m.	Dr. Hinds-Howell 9 to 10 a.m.	Dr. Gow 9 to 10 a.m.	Prof. Fraser 9 to 10 a.m.	Dr. Thursfield 9 to 10 a.m.
Surgical Out-patients	Mr. Dunhill 9 to 10 a.m.	Mr. Ball 9 to 10 a.m.	Mr. Vick 9 to 10 a.m.	Prof. Gask 9 to 10 a.m.	Mr. Roberts 9 to 10 a.m.	Mr. Keynes 9 to 10 a.m.
Diseases of Women	Dr. W. Shaw 9 to 10 a.m.	—	Dr. Donaldson 1.30 to 2 p.m.	—	—	Dr. W. Shaw 9 to 10 a.m.
Orthopædic Department	Mr. Elmslie 1 to 1.30 p.m.	—	—	Mr. Elmslie 1 to 1.30 p.m.	—	—
Throat and Nose Department	Mr. Harmer 1 to 1.30 p.m.	Mr. Rose 9 to 9.30 a.m.	—	Mr. Harmer 9 to 9.30 a.m.	Mr. Rose 1 to 1.30 p.m.	—
Aural Department.	Mr. Sidney Scott 1 to 1.30 p.m.	Mr. Just 9 to 9.30 a.m.	—	Mr. Sidney Scott 9 to 9.30 a.m.	Mr. Just 1 to 1.30 p.m.	—
Ophthalmic Department	Mr. Rupert Scott 1 to 1.30 p.m.	Mr. Foster Moore 1 to 1.30 p.m.	—	Mr. Rupert Scott 1 to 1.30 p.m.	Mr. Foster Moore 1 to 1.30 p.m.	—
Skin Department .	—	Dr. Roxburgh 9 to 10 a.m.	Dr. Roxburgh 9 to 10 a.m.	—	Dr. Roxburgh 9 to 10 a.m.	—
Dental Department	9 to 10 a.m.	9 to 10 a.m.	9 to 10 a.m.	9 to 10 a.m.	9 to 10 a.m.	9 to 10 a.m.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.B., B.Chir.—Gray, S. J. P., Harker, M. J.
M.B.—Dockray, J., Stallard, H. B.
B.Chir.—Beattie, W. J. H. M., Tweedie, D. R., Wilkin, W. J.

L.M.S.S.A.

The Diploma of the Society has been granted to the following: Fox, G. N., Miller, J., Wood, R. W.

CHANGES OF ADDRESS.

DOYLE, J. L. C., The Square, Fakenham, Norfolk.
HUMPHRY, A. M., Springfield, Grosmont, Hereford.
WALKER, H. N., c/o Principal Medical Officer, Federated Malay States.

APPOINTMENTS.

CHAMBERLAIN, A. G., M.R.C.S., L.R.C.P., appointed Honorary Medical Officer to the Lyme Regis Cottage Hospital.
HORDER, C. A., M.B., B.Ch.(Cantab.), F.R.C.S., appointed Surgeon to the Tunbridge Wells and Counties General Hospital.

BIRTHS.

ACTON DAVIS.—On February 23rd, 1928, at 9, Lower Berkeley Street, W., to Vera, wife of K. J. Acton Davis, M.Ch., F.R.C.S.—a daughter.
CURRIE.—On March 16th, 1928, at 107, Eastbourne Road, Darlington, Co. Durham, to Mary Campbell Vickers, wife of Dr. John Currie, D.S.O.—a daughter.
FISHER.—On February 27th, 1928, at a nursing home, to Grace, wife of Alfred George Timbrell Fisher, M.C., F.R.C.S.(Eng.), of 59, Montagu Square, W. 1—a daughter.
VINER.—On February 25th, 1928, at Chorley Wood, Herts, to Mona (*née* de la Mare), wife of Geoffrey Viner, F.R.C.S., of Queen Anne Street, W. 1—a son.

MARRIAGES.

DALTON—RAYNES.—On March 7th, 1928, at the Church of St. Giles, Cambridge, by the Rev. C. C. H. James, M.A., and the Rev. J. O. F. Murray, D.D., Master of Selwyn, Charles Henry Chesshyre, elder son of Dr. and Mrs. J. H. C. Dalton, to Alice Pamela Gwatkin Raynes, only daughter of Mr. and Mrs. W. Luard Raynes, both of Adams Road, Cambridge.
HUBBLE—BRYCE.—On March 3rd, 1928, at St. Columba's Church, Pont Street, S.W., by the Rev. Dr. Adam, Douglas Vernon, son of Mr. and Mrs. H. E. Hubble, of Westcliff-on-Sea, to Joan Marie, only daughter of Mr. John Bryce and the late Mrs. Bryce, of Dunfermline.
WILLIAMS—ANGELL.—On February 21st, 1928, at Weybridge, by Canon F. B. A. Williams, R.D., Rector of Wymondham, Leicestershire, brother-in-law of the bridegroom, assisted by the Rev. E. Russell Brittain, Vicar of Hersham, Major A. Scott Williams, D.S.O., R.A.M.C. (Ret.), son of the late Major-General H. E. T. Williams, 108th Regt. and 48th Regimental District, to Dorothy, daughter of the late Lewis Angell, M.Inst.C.E., F.R.I.B.A., of Eastbourne.
YOUNG—ROBINSON.—On March 7th, 1928, at St. Mark's, North Audley Street, W., by the Rev. T. Young, assisted by the Rev. W. Pennyman, Frederick Hugh, eldest son of the late F. W. and Mrs. Young, Mossley Hill, Liverpool, to Stella Mary, eldest daughter of Mr. and Mrs. E. Francis Robinson, Oxted, Surrey.

DEATH.

THOMAS.—On February 28th, 1928, at 13, West Southernhay, Exeter, John Raglan Thomas, M.D.(Lond.), formerly of Llanelly, aged 72.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C.1. Telephone: City 0510.*